

# Foster Family Home - Corrective Action Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

94-1469 Hiapo Street

Waipahu

HI 96797

Review ID: 1-120053-7

Reviewer: David Ayling

Begin Date: 5/18/2020

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 6/18/20.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(j)(2) - No SCG present for 10 minutes while PCG at food store.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: David Ayling, RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Madeline D. Ulep

(PLEASE PRINT)

CCFFH Address: 94-1469 Hiapo Street, Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(1) (2)	I returned to my CCFFH when CTA called me.	5/20/2020	I will make sure all SCG's know not to leave my CCFFH at anytime until I return.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Madeline Dela Cruz Ulep

MADELINE DELA CRUZ ULEP

Date: 5/21/2020

☒ CTA has reviewed all corrected items